

EXHIBIT A



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)
04/18/2011

AGENCY TEE & GEE U/W MGRS LP 8131 LBJ FREEWAY SUITE 750 Dallas, TX 75251		COMPANY NorGUARD Insurance Company		UNDERWRITER	
PHONE (A/C, No, Ext): 972-590-7000		APPLICANT NAME I.T.D. Contracting Inc.			
FAX (A/C, No):		MAILING ADDRESS (including Suite 4J) 540 East 22nd Street ZIP + 4) Brooklyn NY 11226		E-MAIL ADDRESS	
E-MAIL ADDRESS:		YRS IN BUS 1	SIC	NAICS	<input checked="" type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> LLC
CODE: TXTNGU10 SUB CODE:		CREDIT BUREAU NAME:		ID NUMBER:	
AGENCY CUSTOMER ID		FEDERAL EMPLOYER ID NUMBER 30-0678856		NCCI ID NUMBER	
				OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

STATUS OF SUBMISSION		BILLING/AUDIT INFORMATION					
<input type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	BILLING PLAN		PAYMENT PLAN		AUDIT	
<input type="checkbox"/> BOUND (Give date and/or attach copy)		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> AT EXPIRATION	<input type="checkbox"/> MONTHLY	
<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>	
			<input type="checkbox"/> QUARTERLY	% DOWN:	<input type="checkbox"/> QUARTERLY		

LOCATIONS	
LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
000	540 East 22nd Street, Suite 4J, Brooklyn, Kings NY 11226
001	540 East 22nd Street, Suite 4J, Brooklyn, Kings NY 11226

POLICY INFORMATION						
PROPOSED EFF DATE 04/18/2011	PROPOSED EXP DATE 04/18/2012	NORMAL ANNIVERSARY RATING DATE	<input checked="" type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING	RETRO PLAN		
PART 1 - WORKERS COMPENSATION (States) NY	PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/%	OTHER COVERAGES
	\$ 100,000 EACH ACCIDENT			<input type="checkbox"/> MEDICAL	0	<input type="checkbox"/> U.S.L. & H. VOLUNTARY COMP
	\$ 500,000 DISEASE-POLICY LIMIT			<input type="checkbox"/> INDEMNITY		<input type="checkbox"/> FOREIGN COV
	\$ 100,000 DISEASE-EACH EMPLOYEE					<input type="checkbox"/> MANAGED CARE OPTION
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION				

RATING INFORMATION																																																																																	
STATE	LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM																																																																								
					FULL TIME	PART TIME																																																																											
NY		5221		CONCRETE/CEMENT WK-FLOORS,DRI			25,000	14.54	3,635																																																																								
<table border="1"><tr><td>STATE:</td><td>FACTOR</td><td>FACTORED PREMIUM</td><td>FACTOR</td><td>FACTORED PREMIUM</td><td rowspan="10">SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS</td></tr><tr><td>TOTAL</td><td></td><td>\$</td><td>EXPENSE CONSTANT</td><td>N/A</td><td>\$</td></tr><tr><td>INCREASED LIMITS</td><td></td><td>\$</td><td>TAXES / ASSESSMENTS</td><td>N/A</td><td>\$</td></tr><tr><td>DEDUCTIBLE</td><td></td><td>\$</td><td></td><td></td><td>\$</td></tr><tr><td></td><td></td><td>\$</td><td>ESTIMATED ANNUAL PREMIUM</td><td>N/A</td><td>\$</td></tr><tr><td>EXPERIENCE OR MERIT MODIFICATION</td><td></td><td>\$</td><td colspan="3" rowspan="5"></td></tr><tr><td>LOSS CONSTANT</td><td>N/A</td><td>\$</td></tr><tr><td>ASSIGNED RISK SURCHARGE</td><td></td><td>\$</td></tr><tr><td>ARAP</td><td></td><td>\$</td></tr><tr><td></td><td></td><td>\$</td></tr><tr><td>SCHEDULE RATING</td><td></td><td>\$</td><td colspan="3"></td></tr><tr><td>CCPAP</td><td></td><td>\$</td><td>TOTAL EST ANNUAL PREMIUM</td><td>N/A</td><td>\$ 4,512 *</td></tr><tr><td>STANDARD PREMIUM</td><td></td><td>\$</td><td>MINIMUM PREMIUM</td><td>\$</td><td></td></tr><tr><td>PREMIUM DISCOUNT</td><td></td><td>\$</td><td>DEPOSIT PREMIUM</td><td>\$</td><td></td></tr></table>										STATE:	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM	SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS	TOTAL		\$	EXPENSE CONSTANT	N/A	\$	INCREASED LIMITS		\$	TAXES / ASSESSMENTS	N/A	\$	DEDUCTIBLE		\$			\$			\$	ESTIMATED ANNUAL PREMIUM	N/A	\$	EXPERIENCE OR MERIT MODIFICATION		\$				LOSS CONSTANT	N/A	\$	ASSIGNED RISK SURCHARGE		\$	ARAP		\$			\$	SCHEDULE RATING		\$				CCPAP		\$	TOTAL EST ANNUAL PREMIUM	N/A	\$ 4,512 *	STANDARD PREMIUM		\$	MINIMUM PREMIUM	\$		PREMIUM DISCOUNT		\$	DEPOSIT PREMIUM	\$	
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INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION

PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS							LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						
	CO:						
	POL #:						

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING-- RAW MATERIALS, PROCESSES, PRODUCT EQUIPMENT. CONTRACTOR-- TYPE OF WORK, SUB-CONTRACTS. MERCANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES. SERVICE--TYPE, LOCATION. FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Concrete Driveways and Sidewalks

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?		X	18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)?		X
2. DO HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		X	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		X
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		X	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		X	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		X	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)		X	23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?		
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).		
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	X		CONTACT INFORMATION		
9. ANY GROUP TRANSPORTATION PROVIDED?			IN-SECTION	PHONE: 718-257-4251	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?				NAME: Mr. Ritchie	
11. ANY SEASONAL EMPLOYEES?				E-MAIL:	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		X	ACCTNG RECORD	PHONE:	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?				NAME:	
14. DO EMPLOYEES TRAVEL OUT OF STATE?				E-MAIL:	
15. ARE ATHLETIC TEAMS SPONSORED?			CLAIMS INFO	PHONE:	
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?				NAME:	
17. ANY OTHER INSURANCE WITH THIS INSURER?				E-MAIL:	

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

REMARKS (Attach additional sheets if more space is required)

APPLICANT'S SIGNATURE DATE PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER